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APPLICANTS

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** FOREIGN APPLICATIONS *****

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** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		SPAIN	4	1	1

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TITLE

Nasal Stimulator

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